

Workers' Compensation
Automobile Service Garage Supplement

Applicant Name: _____

1. Is the applicant a current AASP Member? _____

2. Number of employees excluding family members? _____
Total Number of employees? _____

3. Business Hours? _____
If open 24 hours, are employees in a secured bullet resistant room at night? _____

4. Does the insured offer towing services? _____ If yes describe services offered

Number of tow trucks? _____ Number of Rollbacks? _____
GVW of largest tow truck? _____
Any Contract towing? _____ If yes, please describe below

5. Does the insured perform Auto repossession or tow illegally parked vehicles? _____
If yes, state below whom these services are provided to.

6. Does the insured perform mobile truck service or heavy truck tire service? _____
If yes, what percentage of repair receipts is generated by this service? _____ %

7. Does the insured perform any body repair or painting? _____ If yes, is a UL
approved paint spray booth or room in use? _____

8. Does the insured sponsor any racing activities? _____

9. Does the insured perform Auto dismantling or salvage? _____ If yes
Does the insured perform car crushing? _____
Are autos or hulks stacked on premises? _____ If yes, how high? _____

10. Does the insured perform tire recapping? _____

Additional Comments:

